



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

June 16, 2005

**PPL No. 05-007**

TO: Local Governmental Agency Coordinators for the  
Targeted Case Management Program

SUBJECT: **2005-06 TCM PARTICIPATION SURVEY – NEW INFORMATION**

The California Department of Health Services (DHS) has revised the requirements for the Targeted Case Management (TCM) Participation Survey submitted by Local Governmental Agencies (LGAs) as notification of their intent to participate in the TCM program. These requirements are intended to encourage LGAs to carefully consider basic TCM requirements before declaring the intent to participate in TCM and before subcontracting TCM services to a private, nonprofit, community-based organization (CBO). Please do not submit these forms unless you intend to participate in TCM. DHS will review the survey information for program planning purposes only; DHS will not audit LGAs based on this information.

As indicated on the enclosed “Targeted Case Management Annual Participation Survey for Fiscal Year 2005-06” form, LGAs must submit the following information with their declaration of intent to participate in TCM for each target population:

- Current Billable Rate per Encounter and Maximum Claimable Amount (CAP), unless the LGA did not serve the target population through the TCM program during State fiscal year 2004-05.
- Projected number of Medi-Cal TCM encounters and CAP.
- Performance Monitoring Plan.
- Fee Schedule and the instructions for using it.

If an LGA contracts TCM services to a private, nonprofit CBO, the following is required on the supplemental page (CBO Supplemental Information) of the enclosed form:

- The expected sources of funding for the contracted TCM services.
- The methods the LGA will use to monitor its contract with the CBO.

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- The CBO's Performance Monitoring Plan and Fee Schedule plus instructions, if different from that of the LGA.

These forms are designed for online completion (go to [www.dhs.ca.gov/tcm](http://www.dhs.ca.gov/tcm)); however, forms filled out by hand will be accepted. To participate in the TCM program for State fiscal year 2005-06, the signed Participation Survey must be postmarked by July 15, 2005, and sent to the address on the forms.

If you have any questions concerning the TCM Participation Survey, please contact Mr. David Bass, Chief, Local and Schools Services Unit, at (916) 552-9616.

Sincerely,

**Original Signed by David Bass for Elizabeth Touhey**

Elizabeth Touhey, Chief  
Administrative Claiming Local  
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Enclosure

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